State of California Department of Consumer Affairs

Board of Optometry
2420 Del Paso Road, Suite 255
Sacramento, CA 95834
(916) 575-7170/(866) 585-2666
www.optometry.ca.gov

PROBATION MONITORING PROGRAM GUIDELINES

I. GOALS AND OBJECTIVES

The mission of the Board of Optometry is to ensure that consumers of optometric services receive quality vision care from competent and ethical optometrists through proper licensing and regulation of the practice of optometry in accordance with California law.

The Board believes that consumer protection is best achieved when:

- high standards of competence and ethical conduct are maintained by all licensed optometrists;
- consumers are provided with the information necessary to make educated and informed decisions regarding their vision care needs;
- those who commit fraudulent, deceptive or other unlawful acts causing harm to consumers or undermining the profession, are swiftly and fairly disciplined; and
- regulation of the profession is carried out in a manner that provides the necessary protections for the public health, safety and welfare, while fostering a fair and competitive marketplace.

The Board of Optometry Probationary Monitoring Program is dedicated to the following objectives and functions:

A. Assuring that every Consumer has access to vision care consistent with community standards.
B. Assuring that every Consumer receives treatment in a safe and clean environment.
C. Assuring that each Respondent is in compliance with the terms and conditions of their probation.
D. Assuring that the Board appointed Monitors are dedicated, conscientious, and licensed optometrists in the State of California and that they conduct on-site reviews that monitor compliance of the Respondent to his or her probation.
E. Assuring that treatment-related decisions are not influenced by financial considerations.

II. FUNCTION OF THE MONITORING PROGRAM

Monitoring is often a condition of a disciplinary action involving an optometrist under probation. The Board Monitoring Program exists to monitor the compliance to specific terms and conditions set forth in a Decision or Disciplinary Order rendered by the Board of Optometry. The Monitoring Program establishes guidelines under which the program shall operate.

The Monitoring Program functions to verify compliance to a disciplinary order and to community standards through a Board approved Monitor. The Monitor is to be an optometrist in good-standing licensed in the State of California. The Monitor is responsible for conducting:

1. On-site patient record audits.
2. On-site financial review including, but not limited to insurance billing and coding.
3. On-site facility and equipment audit.
4. Reviews for medical necessity of supplemental procedures.
5. Periodic and regular reports to the Board.

III. FREQUENCY OF ON-SITE MONITORING REVIEWS

The Monitor must be in personal attendance at Respondent's place of practice no less than 40 hours each six-month period of probation. All monitoring activity must take place during the time Respondent is physically present in his or her practice and while the Respondent renders patient care. The Monitor shall prepare and submit a written report to the Board within thirty (30) days of each monitoring visit.

Within 30 days of the effective date of the Board adopting a decision, respondent shall make their practice available for monitoring, at respondent's costs, by a Board-approved optometrist who shall furnish a report to the Board or its designee.

IV. LEVELS OF DEFICIENCIES AND STANDARDS FOR COMPLIANCE

Following a full on-site audit review, the Respondent will be evaluated on the basis of the degree of severity of each noted deficiency and quantity of noted deficiencies relative to compliance with the Monitoring Program.

A. Patient Record Review

The intent of the record review is to identify systemic and repetitive omissions of procedures and documentation by a Respondent. The patient record review will consist of a review of records of all patients examined by the Respondent during the time the Monitor is present at the Respondent's office and a random sampling of patient records selected by the monitor. The patient record review findings will be reported as “satisfactory” or “unsatisfactory” for each category in the Audit Tool.

A score with greater than 20% unsatisfactory for a single category will be noted as a failure to comply with the terms and conditions of probation.

A score of less than 60% satisfactory items for any single patient record will result in a grading of “Unsatisfactory Overall Management of Care” for that patient record. Results totaling more than 20% unsatisfactory grades for the category of “Overall Management of Care” will be noted as a failure to comply with the terms and conditions of probation.

B. Facility and Equipment Review

The intent of the facility and equipment review is to verify that the Respondent has the instruments necessary to perform his or her duty. The Respondent must utilize and demonstrate proficiency in the use of all the devices listed in California Code of Regulations Section 1510.

1. The Respondent's office shall have acceptable, operational equipment and instruments to provide diagnostic procedures and tests required to meet the community standard for vision examinations.

2. The Respondent shall maintain proper disinfection of instruments and materials (including contact lenses) that are in contact with patients, as recommended by the Centers for Disease Control.

3. The Respondent shall keep all certificates of registration conspicuously posted in public view at his or her place of practice at all times. This requirement shall include:

a. Optometrist Certificate of Registration (OPT)
b. Secondary Office License (SOL)
c. Branch Office License (BOL)
d. Fictitious Name Permit (FNP)
e. Corporate Registration

4. The Respondent must observe general hygienic practice and cleanliness standards.

5. The Respondent must abide by all applicable local, state and federal laws.

6. Required instruments and equipment are to be present, clean and in good working condition. The following instrumentation equipment or equivalent provides essential patient data necessary in routine eye care and must be on premises at the time of any and all routine and/or specialized eye examinations.

a) Retinoscope

b) Keratometer / ophthalmometer or equivalent

c) Ophthalmoscope

d) Tonometer

e) Biomicroscope

f) Phoroptor

g) Tangent screen or perimeter

PATIENT SAFEGUARDS

A. Current Certification of Cardiopulmonary Resuscitation (CPR).

B. Infection Control

1. Doctors and staff must wash their hands with soap before and after examinations using dispensable soap and disposable towels.

2. Instrument disinfecting standard - all instruments coming in contact with the patient must be disinfected, in accordance with Centers for Disease Control (CDC) recommended procedures. Acceptable methods are listed below:

a. Contact or Applanation Tonometers

   i. 3% hydrogen peroxide - 10 minute soak

   ii. 1:10 dilution of sodium hypochlorite (household bleach)

   iii. Tonometer covers

   iv. Alcohol wipes

   v. Other

b. Diagnostic contact lenses (Goldmann 3 mirror, etc.):

   i. Alcohol wipe

   ii. 1:10 dilution of sodium hypochlorite (household bleach)

c. Other instruments (i.e., forceps, speculum, spud, Algerbrush)

   i. Glutaraldehyde (Cavicide® or Cidex®)

   ii. Other

d. Containers for hazardous materials must:

   i. Display proper identification.

   ii. Have proper safety seal.

   ii. Be stored safely.

e. Contact Lenses Disinfection:

   i. 3% hydrogen peroxide

   ii. Heat disinfection regimen for soft lenses (78 - 80° C or 172 - 176° F) for 10 minutes if approved for heat

   iii. Other FDA approved method for type of lens.

3. Personal Protection Technique:

   a. Respondent and staff wash hands between patients.

   b. Sink accessible for use by doctor and staff.

   c. Disposable Latex Gloves.

      i. Health care workers should routinely use appropriate barrier precautions to prevent exposure to pathogens. Workers must use latex gloves:

         1. when contacting blood, mucous membranes, and open wounds.

2. when the Respondent has open wound or cuts on hands.

ii. Doctors and staff members should be instructed as to the proper use of latex gloves, particularly noting that:

1. gloves are not a substitute for hand washing.

2. gloves are for single use only and must be discarded after each patient.

3. hands should be washed after gloves are removed.

C. Pharmaceuticals

1. Pharmaceuticals, medicated and non-medicated ophthalmic drops, contact lens and irrigating solutions shall not be held beyond the labeled expiration date.

VI. RECORDS REVIEW

A. Chart Selection

All charts for all patients rendered professional services (optometric and optical dispensing) shall be reviewed.

B. Elements of Record Review

All entries in the patient record must be signed and dated by the Respondent and patient. The record must be legible and written in black or blue ink.

1. Medical history form

a. A medical history form shall be completed by every member who accesses the office of the Respondent and permanently retained in the member's patient record. The medical history form must include but not be limited to the following information:

i. Member's general medical health.

ii. Systemic diseases such as:

- Cardiovascular disease
- Hypertension
- Diabetes
- Hepatitis
- Communicable diseases
- HIV status or AIDS

iii. Allergies and sensitivities to medication.

iv. Neurological disorders, epilepsy, seizures.

v. Pregnancy status.

vi. Present medications or present medical treatment.

vii. Name of primary care physician (PCP) and location.

b. Acceptable format of medical history form:

i. Adequate space for additional pertinent information that can be given by the member.

ii. The medical history questionnaire is to be in yes/no format for itemized and specific systemic and ocular conditions.

iv. Chief complaint (CC) and reason for visit.

3. Minimum chart recording guidelines:

a. Case history

i. Patient's chief complaint and reason for exam.

ii. Ocular and visual health history.

iii. General health status (e.g., medications or existing chronic or acute conditions).

b. Examination

The clinical examination should focus on the problem or complaint presented by the Patient. Complete findings should be recorded according to the charting standards.

i. Refractive status which must include, but is not limited to the following:

- Monocular entering visual acuity with habitual correction.

- Manifest or Subjective Refraction.

- Monocular Best Corrected Visual Acuities (BCVA).

ii. Binocular Status which may include the following (any two):

- Cover test (objective)
- Phorias and/or fixation
- Near Point of Convergence, (NPC)
- Stereopsis
- Fusional ranges and vergence testing
- Level /grade of binocularity
- Fixation disparity (subjective)
- Prism reflex test
- Hirshberg/Angle Kappa

iii. Ocular health status:

- Internal examination to include direct and/or indirect opthalmoscopy. (Please refer to Guidelines for Dilated Fundus Examinations)
- Neurological integrity - pupillary reflexes and extra-ocular muscle (motility) evaluation
- External examination / biomicroscopy (SLE)
- Intraocular pressure / tonometry
- Visual fields screening - minimum requirement:
    - Four quadrant gross confrontation visual fields (please refer to Guidelines for Detailed Quantitative Threshold Visual Fields)

iv. Diagnosis and treatment plan:

a. Diagnoses must be itemized.
b. Treatment plan must be itemized. If no treatment is recommended records must so indicate.
c. Medications - documentation must include the drugs given or prescribed with strength, dosage, quantity and instructions for use.

4. Treatment and continuity of care

a. The treatment record shall show evidence that the initial treatment was completed or have documentation indicating why the treatment was not completed.

b. The treatment shall be timely and efficient.

c. Recall and next visit appointments shall be documented in the treatment record.

d. Follow-up or broken or missed appointments shall be documented in the treatment record.

e. When indicated, a specialty referral shall be documented in the treatment record and followed through.

f. Referral standard:

i. If a patient requires treatment of a medical condition, the Respondent shall assist the patient in coordinating the treatment and benefits with their medical plan and/or with their primary care physician. Conditions that may require referral may include, but are not limited to:

- Transient or sudden loss of vision.

- Ocular discomfort or pain.

- Double vision or diplopia.

- Swollen lids.

- Red eyes.

- Ocular foreign body sensation.

- Flashes or floaters.

- Pain in or around the eyes.

5. Informed consent:

a. Informed consent is the provision of sufficient information regarding the risks and benefits of treatment or non-treatment for specific conditions. This form must be sufficient to allow the patient to make an informed decision. It is required for all medical treatment and medical treatment recommendations.

VII. GUIDELINES FOR DILATED FUNDUS EXAMINATIONS

Dilated fundus examinations (DFEs) are required when certain signs, symptoms or pre-existing systemic and ocular conditions are present. Community standards require DFE for the following conditions:

1. Diabetes mellitus.

2. High myopia.

3. Transient or sudden loss of vision.

4. Flashes and/or floaters.

5. Individuals of sixty (60) years of age or greater.

6. Any instance deemed necessary within professionally recognized standards of care.

Optometrists who are not certified and authorized to use Diagnostic Pharmaceutical Agents (DPAs) are required to coordinate the referral of the Consumer to an optometrist or an ophthalmologist that is qualified to use DPAs.

VIII. GUIDELINES FOR QUANTITATIVE THRESHOLD VISUAL FIELDS

Quantitative Threshold Visual Fields are required when certain signs, symptoms or pre-existing systemic conditions are present. The following conditions require quantitative threshold visual fields:

1. Elevated intra-ocular pressure

2. Asymmetric intra-ocular pressure (>4 mm Hg) between eyes

3. Enlarged or asymmetric cup-to-disc ratio

4. Positive findings found in gross visual field screening

5. Any instance deemed necessary within professionally recognized standards of care

Optometrists who do not possess the necessary equipment to perform quantitative threshold visual fields are required to coordinate the referral of the Consumer to an optometrist or an ophthalmologist that possesses the necessary equipment to conduct such a test.